

Schmoll, and published in the Journal of February, 1908: We are indebted to Dr. Schmoll for placing this subject so systematically before us. It is a condition which we are liable not to recognize except in its classical form. Since reading one of Dr. Schmoll's articles I have gone over some of my cases with special references to the vasomotor symptoms. I had a woman who had syphilis many years ago whose very peculiar heart lesion led me to suspect the etiologic factor. The aortic valve showed insufficiency and stenosis. Because she had certain mental symptoms I supposed that she also had some irritation of the cortex, syphilitic in origin. In the course of the syphilitic treatment she had an attack which I should have described as typical Reynaud's disease. It was recalled to my mind that she had subsequent attacks of the kind and always with cardiac pain. These followed over-eating and profound excitement. I went carefully into the history of the previous attacks and have no doubt that it was not a true Reynaud's disease but angina. I recall another case where the symptoms were on the right side, where there was no true evidence of coronary sclerosis, but a very distinct evidence of organic disease of the heart. The woman was fifty-seven years old and had an aortic aneurism with aortic regurgitation. She would frequently have several attacks of angina in a day and had been known to have eight or ten. She had to carry nitro-glycerin in large doses with her to take when the attacks came on. Finally there was a progressive enlargement of the aneurism and attacks of pain at the base of the tongue, which were controlled by iodid of potassium. She then began having typical attacks of radiating pain to the right shoulder and down to the right hand. Cyanosis is a very rare thing and so is dyspnea in coronary angina and typical attacks, to my mind, are not associated particularly with vasomotor disturbances and I cannot find in any case which I have followed, notes of a single one of true coronary angina that had symptoms of the kind. I must say that I have had very little opportunity to examine cases of angina as carefully as Dr. Schmoll has, that is, true cases of angina. Unless one lives at the bedside of such cases in a hospital, one does not have chances of studying them. One is hardly ever called in time to see such a patient in the attack in private practice. If it be coronary angina we do not have many chances for observation of the patient.

Dr. D'Arcy Power: Pain as a symptom of aortic disease has long been recognized, but I understood Dr. Schmoll to say that it was present in all cases of heart disease and was proportionate to the pathology. I am of the opinion that such a sweeping generalization would require much verification before it could be accepted. It is certainly in my experience, and I am sure must be in the experience of all of us, that many cases of mitral disease are quite latent. Pain is a symptom that a patient never fails to speak of, if it exist, and yet we constantly see advanced cases of cardiac failure from mitral insufficiency in which no complaint is made. Moreover, what is meant by the statement that the pain is proportionate to the pathology, gross pathology and cardiac insufficiency are not synonymous, and it is the latter rather than the former that determines the existence of pain when it does occur. On the other hand pain in aortic disease, apart from coronary stenosis, is frequent, and Dr. Schmoll's observations are just and valuable. Only yesterday I had an exemplification of such a case. A patient referred to me for chronic colitis complained of pain during the last two months over the left pectoral region. In the course of a routine examination I discovered a double aortic murmur with left ventricular hypertrophy. The patient had

no knowledge of the existence or cause of the lesion.

Dr. Voorsanger: I agree with Dr. Schmoll as to pain existing in the great majority of patients suffering from heart trouble. I believe, however, that he has gone to too great an extreme in saying that all cases of heart disease are attended by pain. This does not agree with my experience. I also believe that Dr. Power has minimized this symptom and that it exists oftener than he has stated. Regarding angina pectoris we have definite ideas and it takes some little degree of courage on anyone's part to upset these ideas, as it does to upset any of the fundaments of medical science. Dr. Schmoll is probably correct when he says that the degree of angina pectoris is relative. I should like to ask him if he has not observed certain cases of heart trouble presenting the symptom-complex of angina pectoris where there is practically no pain. I wish to present the following problem: Is it not possible to have an angina pectoris without pain? I ask this because I recently had a case of a man sixty-seven years of age with very marked arterio-sclerosis and a double mitral and aortic lesion with attacks of dyspnea, cyanosis, fear of impending death and cardiac asthma. At one time his symptoms were so severe that he developed a suicidal mania. At no time did he have any pain. I do not believe that his symptoms can be accounted for under the name of cardiac asthma, but that the symptom complex which he presented resembled more an angina pectoris than it did the cardiac asthma. I therefore put this problem of a possible angina pectoris without pain before you for discussion.

RESOLUTIONS BY THE LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The following resolutions were introduced and unanimously adopted at a meeting of the Los Angeles County Medical Association, February 21st, 1908:

Whereas, This Los Angeles County Medical Association has heard with great regret the resolutions adopted by the San Francisco County Medical Society censuring the State Board of Medical Examiners of California, and declaring that said Board has made a mistake in dispensing with the services of its Associate Secretary; therefore, be it

Resolved, That such action of the State Board, in the opinion of the Los Angeles County Medical Association, was neither a mistake nor a reflection upon the organized profession of California; be it further

Resolved, That such action of the Board was taken from motives of economy, justice, harmony and the general desire to improve the status of the profession in the State of California; be it still further

Resolved, That a copy of these resolutions be mailed to all County Societies and to the House of Delegates of the California State Society; further be it

Resolved, That a copy of these resolutions be sent to the editor of the California State Journal of Medicine for publication in the next issue of that journal.

Dr. Norman Bridge, of Los Angeles, has discontinued his connection with the Esperanza Sanatorium.

RED CROSS.

(Resolutions adopted by the Executive Committee of the American National Red Cross, October 18, 1907.)

Whereas, By international agreement in the Treaty of Geneva, 1864, and the revised Treaty of

Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this convention; and

Whereas, The treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross can only be used, whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this convention;" and

Whereas, The American National Red Cross comes under the regulations of this treaty according to Article 10, "volunteer aid societies, duly recognized and authorized by their respective governments," such recognition and authority having been conferred upon the American National Red Cross in the charter granted by Congress, January 5, 1905, Sec. 2, "the corporation hereby created is designated as the organization which is authorized to act in matters of relief under said treaty," and, furthermore,

Whereas, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory powers whose legislation should not now be adequate, engage to take or recommend to their legislatures such measures as may be necessary to prevent the use by private persons or by societies other than those upon which this convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross;" be it

Resolved, That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the red cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross," and used to designate all hospitals (save such as are under the medical departments of the army and navy and the authorized volunteer aid society of the government), all health departments and like institutions; and, further, be it

Resolved, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.

CRITICISM FROM AN OSTEOPATH.

To the Editor of the State Journal:

In the last issue of the California State Journal of Medicine, your editorial "Is It to Laugh" seems to merit an answer.

The editorial is aimed at the education requirements, or rather at the idea you have of them, of the osteopathic colleges in this state and elsewhere. The examination which the present State Board of Medical Examiners is conducting will answer to you better than I can, any objections you may have to the curricula of the osteopathic colleges. This examination, as I understand it, is to rate the different medical colleges according to their educational qualifications. When this inspection is finished and the rating published, I am sure that your editorial will have no grounds upon which to rest. If there were "kicks" regarding the last examinations held, it only shows that the examinations were hard. I read over the questions, especially those in anatomy, and will admit that they were hard, especially for a medical student, for it is notorious how little knowledge the average medical student has of anatomy.

Right here let me digress. Before the new law (April 1st) there were two boards and each board

governed each class of candidates and judged of their qualifications. It seems to me that the old regime was the best, for the simple reason that the osteopaths and the medical men look at the same thing from different view-points. We have not the same use for the extended chemical and physiological research, for we do not use drugs, and hence do not need it. On the other hand, you do not go as deeply into anatomy, dietetics, mechanics, hydrotherapy, etc., because you try to gain results via medicatrix. In addition, bacteriology, pathology and physiological chemistry are viewed from different angles. Is it best, then, to cause each class to do a lot of work in college which is not actually used in practice?

But to go back to the editorial. It seems to me manifestly unfair to cast a slur upon us in the way you do when you do not actually know what we are doing educationally. Now don't try to point out mistakes made by osteopathic practitioners. If you do, we can beat you at that game, because we have a larger field to choose from. But look into the other side of it. Recognize this as the expounding of a new principle and give it all the help you can. If it is inadequate, it will die a natural death, and that much quicker if you let it alone. I, and I am not alone, took up the osteopathic work; not because I wanted to be an osteopath; not because I enjoy the insults of some boorish medical men; not because of the social distinction I might gain, but because I felt that I would be a better all-round helper to mankind and could get better results. Remember that the oldest osteopathic school in the world is only eighteen years old. Remember your own educational history. It took you twenty centuries to get where you are to-day. It has taken us twenty years to equal you. True, we have built upon your foundations, but the foundations and principles are as free as the air. You gained your possessions through scientists who, in the main, were never physicians. Have we not a right to use their findings? As I said above, most of us have taken up this work because of results we expect to obtain. If we fail to get these results in twenty-five years, the school will be dead. Then help yourself by helping us to find the truth. Encourage a liberal education and lend a helping hand in our experiments, and if we are in error we will the sooner learn of it. There are a good many crude things as yet and we are always willing to learn. Above all, be fair and don't take advantage of your official position.

I do not mean this in an unfriendly spirit, for I recognize that you older men are working toward a good which is the safeguarding of the people. In this I heartily concur. But grant us a respectful hearing and correct when you know we are wrong.

Yours respectfully,

E. S. MERRILL.

ARMY MEDICAL CORPS EXAMINATIONS.

Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on May 4th and August 3d, 1908, at points to be hereafter designated.

Full information concerning the examination can be procured upon application to the Surgeon General, U. S. Army, Washington, D. C. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between twenty-two and thirty years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be